

REPORTS INVENTORY						DDS/OTR/SUS-10	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (If a fill-in report include Form No.)						2. TYPE OF REPORT	
Component Training Evaluation						<input checked="" type="checkbox"/>	STATISTICAL
						<input checked="" type="checkbox"/>	NARRATIVE
							MACHINE-NAME LISTING
3. FUNCTIONAL AREA		PERSONNEL	<input checked="" type="checkbox"/>	TRAINING	ADMIN. GENERAL		
		LOGISTICS		SECURITY	OTHER (specify)		
		MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)		
3		Annually			2-DTR, 1-Chrono		
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
Memo and Forms		<input checked="" type="checkbox"/>	YES	IF YES GIVE ADP PROCESSING NO.	HR <input type="text"/> STAT		
		<input checked="" type="checkbox"/>	NO				
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
C/SUS				30 Printed Forms - "Component Training Reports"			
(DC/SUS-MT)				submitted by Agency components conducting			
(DC/SUS-AT)				training; plus 2 (MT and AT)			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
15 (3)	12.80		50	=	640.00		7 4480.00